

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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27	1					
28	1	1				
29	1	1				
30	1	1				
31	1	1				
32	1	1				
33	2					
34	2					
35	2					
36	6					
37	2					
38	2					
39	2					
40	2					
41	2					
42	2					
43	2					
44	2					
45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	7					
TOTAL DEP.	107	←	←	←		
TOTAL CLAIMS	114	████████	████████	████████	████████	████████

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		2										
52		2										
53		2										
54		2										
55		9										
56		2										
57	1											
58		1										
59	1											
60	1											
61		2										
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69		1										
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71	1	2										
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████	████████	████████	████████	████████	████████